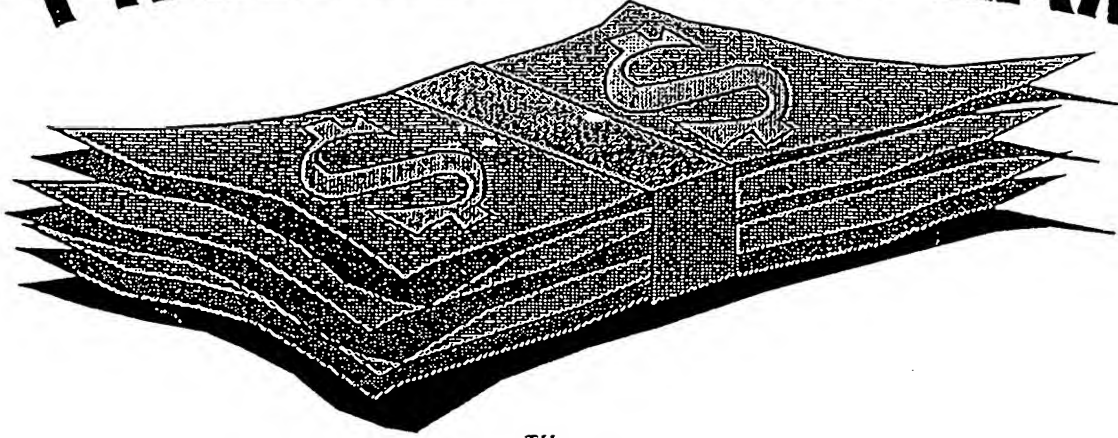


UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																											
1 Date of Request: _____		2 Serial/Patent # <u>10</u>																																									
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%;"></td><td style="width: 10%; text-align: right;">\$ <u>50</u></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing		\$ <u>50</u>	<input type="checkbox"/>	Amendment		\$	<input type="checkbox"/>	Extension of Time		\$	<input type="checkbox"/>	Notice of Appeal/Appeal		\$	<input type="checkbox"/>	Petition		\$	<input type="checkbox"/>	Issue		\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$	<input type="checkbox"/>	Maintenance		\$	<input type="checkbox"/>	Assignment		\$	<input type="checkbox"/>	Other		\$	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Overpayment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td colspan="2" style="text-align: center;">Treasury Check</td></tr> <tr><td colspan="2" style="text-align: center;">Credit Deposit A/c #:</td></tr> <tr> <td style="width: 10%; text-align: center;">9</td> <td style="width: 90%; text-align: center;"> <div style="border: 1px solid black; display: inline-block; padding: 2px;"> <u>50</u>--<u>21</u>/<u>70</u> </div> </td> </tr> </table>		Treasury Check		Credit Deposit A/c #:		9	<div style="border: 1px solid black; display: inline-block; padding: 2px;"> <u>50</u>--<u>21</u>/<u>70</u> </div>																												
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<div style="font-family: cursive; font-size: 1.2em;">Rule change - 08 Dec 2004</div>																																											
11 REFUND REQUESTED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> TYPED/PRINTED NAME: _____ SIGNATURE: <u>Terry M. Johnson</u> OFFICE: <u>DO/EO</u> </td> <td style="width: 40%;"> TITLE: <u>Supervisor</u> PHONE: <u>723-308-9140</u> <u>X221</u> </td> </tr> </table>				TYPED/PRINTED NAME: _____ SIGNATURE: <u>Terry M. Johnson</u> OFFICE: <u>DO/EO</u>	TITLE: <u>Supervisor</u> PHONE: <u>723-308-9140</u> <u>X221</u>																																						
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***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																											
APPROVED: _____		DATE: _____																																									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

SPECIAL REQUEST FOR FINANCE/RAM TEAM



TO: PCT RAM TEAM CP2/5TH FLOOR

PLEASE PROCESS THE FOLLOWING ADJUSTMENTS:

FROM

TO

CODE

FEE AMOUNT

CODE

FEE AMOUNT

2632

250

2642

200

ER :

☐

CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND
ADDITIONAL FEES

☐

OTHER :

THE ORIGINAL METHOD OF PAYMENT WAS

☐

BY A CHECK

☐

BY A CHARGE TO DEPOSIT ACCOUNT NO. _____

Refund \$50.

REQUESTED BY:

Terry M. Johnson Vessels

DATE: _____